



GEORGIA MEDICAID FEE-FOR-SERVICE PROSTAGLANDIN AGONISTS PA SUMMARY

Preferred	Non-Preferred
Latanoprost generic Lumigan (bimatoprost 0.01%) Travatan Z (travoprost [benzalkonium free]) Zioptan (tafluprost)	Bimatoprost 0.03% generic Travoprost generic

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Bimatoprost 0.03% Generic

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

Travoprost Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Travatan Z and at least one other preferred product, are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.